



U.S. Military Service Academy Nomination Required Information Check List

_____ Signed Academy Application with class entering 2021 (print out from online application or from State Office.)

_____ A short statement (250-500 words) expressing in your own word why you desire to attend the academy of your choice.

_____ A detailed list of your school, church, civic activities and special honors.

_____ A complete transcript of your grades through your last semester. (The school should send the most current transcript directly to my office if possible.)

_____ ACT or SAT scores. (May be sent with transcript.)

_____ Letters of recommendation from THREE responsible persons. (Please submit letters on official letterhead and signed by the author.)

_____ One of these letters MUST be from your high school counselor with the counselor's signed worksheet. (Please submit letters on official letterhead and signed by the author.)

_____ A recent photograph suitable for the Academy Selection Committee and for any potential future press releases from Congressman Marshall.

_____ Affidavit of legal permanent residence signed by parent(s) or guardian(s) and Notary Public.

_____ A copy of this check list.

If you have not done so, you are required to directly apply to the US Military Academies. You are encouraged to apply to all. Check all academies applied for:

_____ U.S. Air Force Academy

_____ U.S. Naval Academy

_____ U.S. Military Academy

_____ U.S. Merchant Marine

There are no Congressional appointments to the Coast Guard Academy. If interested, contact the Director of Admissions, US Coast Guard Academy, New London, CT 06320 (<https://wwwwcga.edu>)

Note: Applications are due to Senator Roger Marshall's Office by October 1. All applicants will be required to appear before an Academy Review Committee. Once your application file is complete you will be notified of the date and time of your interview.



Senator Roger Marshall, M.D.

U.S. Service Academy Nomination Form Full Name:___

Date of Birth:_____

Social Security Number:_____

Street Address:_____

City, State, Zip Code:_____

Home Telephone:_____

Cell:_____

Email:_____ Gender:___

U.S. Citizen:_____

If not, list your country of citizenship:_____

Parents/Guardians:_____

EDUCATION INFORMATION

Name of High School:_____ High School

Street Address:_____ City, State,

Zip Code:_____

GPA:_____

Class Size:_____ Class

Rank:_____

Graduation Date:_____

SAT SCORES

Math:_____ Writing:___

_____ Critical Reading:_____ Composite:

ACT SCORES

English:_____ Math:

_____ Reading:

_____ Science:

Composition:_____



ACADEMY INFORMATION

Number 1-4 the academies in order of preference:

U.S. Air Force Academy: _____

U.S. Merchant Marine Academy: _____

U.S. Military Academy: _____

U.S. Naval Academy: _____

An appointment to the Service Academies is based on a desire by the candidate to devote a lifetime of military service and implies recognition by the appointee of an obligation to the government to devote him / herself to a military career. Are you interested in an appointment of that basis?

ADDITIONAL INFORMATION:

Name of "hometown" Newspaper: _____

Is it okay to use your name in a press release after receiving a nomination or appointment? _____

****Note:**

Please include a list of your extra-curricular activities and leadership responsibilities.

APPLICATION AGREEMENT

Please read the following paragraph before signing the application, as your signature indicates your agreement with the following statements. If you do not include your signature, your application will not be considered for nomination:

It is my sincere desire to attend a U.S. Service Academy, and I intend to pursue a vigorous academic course of study if appointed. I understand that attending a service academy also requires a minimum of five years of military service following graduation, and I fully commit to this responsibility. I am a U.S. Citizen, or will be by July 1 of the year I will attend the Academy. I am not married. I am not pregnant, no do I have any child support obligations. I am a legal resident of the State of Kansas.

I certify that the information I have provided in the application packet is accurate. Any changes to this information will be reported immediately. Additionally, I understand that I will not be considered for a nomination if the required documents are incomplete or are not postmarked by October 1st of the current year.

Signature: _____

Date: _____

Print, and mail or email to:
Senator Roger Marshall, M.D.
Attn: Academy Nominations
P.O. Box 2581
Garden City, KS 67846

Email: Bonnie_Molz@Marshall.Senate.gov

Phone: (785) 577-1264



Application for Nomination to the U.S. Service Academies

Affidavit of Legal Permanent Residence

***This page is to be completed by applicant's parent(s)/guardian(s)
In the presence of a Notary Public***

I/We, _____ (and _____), Parents and
Name of guardian *Name of guardian*

Legal Guardians of _____ Upon oath state as follows:
Name of Applicant

Please check and complete any applicable statements

_____That I/we claim_____,_____County, Kansas as
City *County*

Our sole and exclusive legal residence and have done so since:_____.

_____ That I/we are registered voters in the aforementioned city and county and voted in elections in the following years:_____.

That I/we have filed a Kansas Resident Income Tax Return for the years:_____.

That I/we have paid Real Estate/Property taxes in said county for the following years:

I/we, _____ (and _____), state and Affirm upon oath that the forgoing affidavit is true and correct to the best of our knowledge.

Signature

Signature

For Notary:

State of _____

County of _____

Signed and sworn to before on _____ by _____

K.S.A. 53-509

Seal:

Notary Public

[My appointment expires: _____]

Title (and Rank)



To be completed by High School Counselor for Academy Nominations

Name of School: _____

School Address: _____ **City** _____

State: _____ **School Telephone:** _____

Name of Student: _____

Class Rank: _____

(Most recent ranking, but not prior to completion of Junior year.) (Include class total.)

Grade Point Average: _____

ACT or SAT Scores: _____

Please attach copy of test scores if available.

Print Counselor's Name

Counselor's Signature*

This information is being requested in connection with the above student's interest in obtaining a nomination to a service academy. Your assistance in this regard is most appreciated.

***Please attach your letter of recommendation for the student and a copy of the most recent transcript, as well as any ACT or SAT scores.**

Please return to by October 1:

U.S. Senator Roger Marshall, M.D.

P.O. Box 2581

Garden City, KS 67846

Email:

Bonnie.Molz@Marshall.Senate.gov

Phone: (785) 577-1464